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Draft country programme document***

Kyrgyzstan

Summary

The Executive Director presents the draft country programme document for Kyrgyzstan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5,562,000 from regular resources, subject to the availability of funds, and $3,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2010.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.
** E/ICEF/2004/8.
*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	61
Underweight (%, moderate and severe, 1997)	11*
Maternal mortality ratio (per 100,000 live births, 2001)	44
Primary school enrolment (% net, male/female, 2000)	84/81
Primary school children reaching grade 5 (%, 1998)	89
Use of improved drinking water sources (%, 2000)	77
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	290
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	98

* Age group 3-35 months.

The situation of children and women

1. Kyrgyzstan has a population of approximately 5 million, two thirds of whom live in rural, mountainous areas. It is a landlocked country with scarce agricultural and mineral resources. The transition to a democratic system of governance and a market economy following independence in 1991 has been difficult, with consequences for human development. Although the gross national income per capita has increased slightly since 1991, Kyrgyzstan remains the second poorest country in Eastern Europe and Central Asia. More than one half of the population lives in poverty and more than one fourth in extreme poverty, affecting more than 60 per cent of children under 14 years. Economic hardship is contributing to a significant internal migration, with large numbers of people moving from poverty-stricken rural areas to the cities.

2. The most notable constraints to economic growth are the narrow economic base and consequent vulnerability of the economy to external shocks, low levels of investment and high external debt. According to World Bank estimations, Kyrgyzstan is a heavily indebted country. There have been drastic cuts in social sector spending. Expenditure on health care decreased from 3.5 per cent of gross domestic product (GDP) in 1994 to 1.9 per cent in 2001. In the same period, investment in education was cut from 6 to 3 per cent of GDP.

3. The Common Country Assessment (CCA) identified a number of vulnerable groups whose human rights are currently denied or violated. Women, children and young people in particular have been adversely affected by the changes in the political, economic, social and cultural spheres. The population has been made more vulnerable by the withdrawal of subsidized health and nutrition services previously available to them.

4. The National Poverty Reduction Strategy (NPRS) identified child poverty as a key challenge. Indicators of child survival and well-being have deteriorated. The 1997 Demographic and Health Survey showed an infant mortality rate (IMR) of 66 per 1,000 live births — three times higher than the official figure. The continued presence of such a gap has been recently confirmed. A 2003 UNICEF study in Talas province, using the World Health Organization (WHO) definition of 'live birth', found the IMR to be 30 per 1,000 live births as compared to the official figure of 22. The frequency of unsupervised births is increasing. Fewer than one half of births are free of complications.

5. As many as 44 per cent of women suffer from anaemia, thereby compromising the health of infants from birth, and 50 per cent of children under three years of age suffer from iron deficiency anaemia. A UNICEF-sponsored study in 2002 found vitamin A deficiency in one third of children under five years of age. Despite there being a law on compulsory salt iodization, the prevalence of iodine deficiency disorders (IDD) remains high. A study by the Ministry of Health in 2003 showed that the average goitre rate among schoolchildren was 31 per cent. The level of iodized salt consumption has increased during the past two years but less than half of the salt tested was adequately iodized. More work is required with salt manufacturers and importers to achieve universal salt iodization.

6. Although the health infrastructure is eroding and investment in the sector is in decline, immunization services have been maintained. In recent years, immunization coverage rates among children under two years of age have been sustained at above 95 per cent for all antigens.

7. The availability of pre-school education has decreased considerably since transition began, with only 5 per cent of children under age six years enrolled in a kindergarten in 2001, compared to 30 per cent in 1990. Official data indicate that literacy and primary-school enrolment rates remain relatively high, but shortages of resources are affecting both access to, and quality of, education. Studies on monitoring of learning achievements have revealed a growing number of school-age children to be out of school. One third of schoolchildren failed to pass basic learning competency tests. The quality of education is poorest in rural areas, where the majority of the school-age population lives. Teaching and learning processes remain teacher-centred and rigid. School buildings in rural areas are poorly maintained and lack basic facilities. Although official data indicate that there is little gender disparity in education, gender-differentiated patterns of access to education are beginning to emerge. Further research is required to better understand gender concerns in the content and methodology of formal education. This is particularly evident in poorer regions, such as Batken and Osh, where early marriage limits opportunities for girls and leads to their dropping out of school. Other factors which affect school attendance are family poverty and increasing child labour, especially in the south of the country where tobacco and cotton are cultivated. More systematic research is required to determine the numbers and sex of children involved in agricultural work, the nature of their work and the impact on school attendance. A 2003 UNICEF-supported survey of 207 street and working children in Bishkek showed that up to 90 per cent of them did not attend school at all.

8. There has been a steep rise in the number of HIV/AIDS infections. Officially, there were 470 HIV infections in the country in 2003, up from 53 in 2000. However, unofficial estimates indicate that the real figure is 10 times higher. Most of the

infected are young, male injecting drug users. Approximately 80 per cent of registered HIV-positive individuals report injecting drug use as the cause of infection. There are approximately 55,000 injecting drug users, many of whom are adolescents and young people (65 per cent younger than 35 years). A lack of knowledge, skills and safe behaviours related to injecting drug use, and reproductive and sexual health makes young people a highly vulnerable group. In a 2002 survey on knowledge, attitude and practices of 4,000 adolescents in five regions of the country, fewer than 40 per cent of respondents gave correct answers to knowledge-based questions. Between 1997 and 2004, only nine infants were born to HIV-positive women, according to official figures, but the true number is likely to be much higher. Mother-to-child transmission of HIV is an area of growing concern.

9. The increase in poverty has also contributed to increased violations of children and women's rights. Women's increased vulnerability is reflected by the growing level of violence against them and public tolerance of this violence. Rape and sexual assault accounted for as much as 39 per cent of all crimes in 1999-2000. Trafficking of women and girls from the country is of growing concern. A report by the International Organization for Migration in 2000 estimated that around 4,000 Kyrgyz women and girls are trafficked every year for sexual exploitation. Child trafficking is estimated to comprise 10 per cent of all persons trafficked. Women's opportunities to voice their concerns at the policy level have also been eroded. The proportion of women in legislative bodies was 14 per cent in 2002, compared to almost 50 per cent in 1989.

10. In 2000, there were 21 orphanages accommodating 2,110 children as compared to 767 children in such institutions in 1991. There is an increased rate of violence, abuse and exploitation of children within families and state care institutions. In-depth interviews and focus group discussions with institutionalized children, conducted during the 2001 national research study on child protection, revealed physical and emotional abuse by caregivers and the absence of procedures for registering complaints. The number of children living and working on the streets increased from an estimated 1,309 in 1999 to 2,302 in 2002. Juvenile delinquency is escalating. Data from the Ministry of the Interior indicate that the number of crimes committed by 14-17-year-olds increased from 1,008 in 2001 to 1,954 in 2002. Juvenile justice has not been reformed to comply with the Convention on the Rights of the Child and continues to be administered through custodial measures. Juveniles in conflict with the law are placed in closed institutions. There is an urgent need for child protection reform to address these emerging problems.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

11. The previous country programme had a strong programmatic focus on maternal and child survival, access to quality education, child protection and young people's well being. The Government decided to introduce the WHO 'live birth' definition and revise IMR statistics nationwide. As a result of UNICEF-supported research and advocacy on IMR carried out in cooperation with the United Nations Population Fund (UNFPA), WHO and the United States Agency for International Development

(USAID), the Government has decided to increase financing for maternal and child health (MCH) from 2005.

12. In 2001, UNICEF and other partners of the Global Alliance for Vaccines and Immunization (GAVI) played a leadership role during the national immunization campaign in which 1.8 million children and young people aged 7-25 years were immunized against measles and rubella. UNICEF worked closely with WHO and the United States Center for Disease Control and Prevention (CDC) in implementing, monitoring and evaluating the campaign. As a result, the Ministry of Health introduced the measles/mumps/rubella vaccine into the immunization schedule in 2002. The campaign was supported by a grant from CDC through the United States Fund for UNICEF.

13. Some 11,000 rural children in four of the most deprived and remote mountainous areas now have access to better quality education as a result of the refurbishment of 36 schools. The community mobilization generated by this initiative led to the active participation of parents in a community-based education management information system for monitoring school enrolment, attendance and education quality. As a results, 46 village education groups and five district resource groups are now active in Nayrn province (*oblast*).

14. UNICEF undertook pioneering work in the area of child protection, with the support of the Netherlands Committee for UNICEF. The creation of a cadre of trained social workers who provide community-based services to 45,000 disadvantaged families in two districts helped to reduce child abandonment and institutionalization. No children from these districts were sent to state institutions during 2002-2003. An early detection and assessment system for children with disabilities has been established with 1,250 children and 2,000 families as beneficiaries.

Lessons learned

15. The mid-term review of the country programme and experiences during 2003 yielded some valuable lessons. An enabling policy framework is an essential element in ensuring the sustainability and long-term impact of UNICEF work. The active promotion of different policy frameworks by UNICEF has improved outcomes in three main domains of intervention: child survival and development, access to quality education and child protection reform. A key lesson from UNICEF-supported studies on IMR and child protection is that high-quality research used for advocacy can have a significant impact on policy change for the realization of child rights.

16. Evaluations of the community-based education management information system have shown that capacity-building for service providers has to be matched by mobilization of families, young people and communities to demand and claim entitlements. The mobilization of local authorities, communities and families to use community resources to protect and realize children's rights to education proved to be effective in reaching the unreached and facilitating the provision of quality schooling and social protection services.

17. From field experience undertaken during this programme cycle, it is evident that the impact of UNICEF interventions in health and education is undermined by the deteriorating infrastructure in these sectors. In rural schools of Jalalabad and

Naryn provinces, primary- and secondary-school children do not attend lessons in the winter months when school heating is not functional. In Naryn province, some schools have been closed because of the dangerous conditions caused by extensive roof leakage. UNICEF work to improve the quality of education and teachers' performance is likely to have limited impact unless such structural problems are addressed. Protection of social sector investments from the impact of macroeconomic adjustments and fiscal crises is essential to maintain and advance the achievements of the past.

The country programme, 2005-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Social policies reform and communication	2 562	1 300	3 862
Access to social services	1 800	1 700	3 500
Cross-sectoral costs	1 200	-	1 200
Total	**5 562**	**3 000**	**8 562**

Preparation process

18. Following the approval of the CCA by the United Nations country team, the process of developing the United Nations Development Assistance Framework (UNDAF) began in June 2003. Three priority areas for common United Nations action were identified: poverty and social services; democratic governance; and HIV/AIDS. Working groups comprising the United Nations agencies, the World Bank, the Government and members of civil society were established in each of these areas. The UNDAF was finalized in January 2004 and was presented to the President and Prime Minister. The final version of the UNDAF was endorsed by all partners at the Joint Strategy Meeting in March 2004.

19. A strategy paper was developed and reviewed with governmental and non-governmental bodies, and with other United Nations agencies and international organizations. This process benefited from the views and inputs of the First Deputy Prime Minister and senior officials from a range of ministries. The feedback from this broad range of partners was reflected in the UNICEF country programme, which was also approved at the Joint Strategy Meeting.

20. As the national Comprehensive Development Framework continues until 2010, the country team agreed that the UNDAF should conform to this timeframe. As a result, the proposed country programme of cooperation will be for six years, for the period 2005-2010.

Goals, key results and strategies

21. The overall goals of the country programme are the realization of the rights of every child and achievement of the Millennium Development Goals. It also aims to

ensure access for poor and vulnerable women and children to resources and quality social services

22. As a result of the country programme, government and civil society will jointly formulate and implement legislative and administrative frameworks that promote and support child rights. Public policies, strategies and actions which increase access to resources for poor and vulnerable children, young people and women and basic services will be in place. Poor communities, local governing bodies and young people will participate actively in programmes designed to increase opportunities for the enjoyment of their rights.

23. A series of strategic shifts is essential for the achievement of these results. Policies need to be changed to focus on the promotion of child rights and the reduction of vulnerabilities created by macroeconomic policies. This will also require strong advocacy to sensitize decision makers on problems affecting children and to mobilize their support for child rights. Consideration of children and their rights will need to be institutionalized within both the policy-making process and programming at national, local and departmental levels. Children, young people and women increasingly have to become a priority on the political agenda and within reform processes. Strengthened capacities of local authorities and communities to mobilize resources and institutionalize the protection and realization of children's rights through decentralized decision-making and financing will also be needed.

24. Strategies will include building the capacities and influencing the perspectives of local authorities, families and communities to recognize and effectively realize children's rights. Models of programmes for children, women, and young people will be developed in the field and scaled up to national level, and local governments will be supported in the design and implementation of interventions and in working directly with communities.

25. UNICEF will also support efforts to address emerging patterns of exclusion, discrimination and vulnerability. The programme will seek to reach the most disadvantaged and marginalized groups of children through: integrated programming and results-based management; enabling communities and families to identify and respond to the needs and problems of vulnerable groups of women and children; and integrating action on gender equality into all ongoing activities.

Relationship to national priorities and the UNDAF

26. The programme is designed to support and achieve the outcomes identified by the UNDAF in its three priority areas of poverty and social services, governance and HIV/AIDS. It has also been closely framed to respond to the national priorities articulated in the Comprehensive Development Framework and the NPRS. The UNICEF programme will contribute directly to the latter, in particular the implementation of social reform, the promotion of social mobilization for development and the reduction of child poverty.

Relationship to international priorities

27. Under the UNDAF umbrella, the country programme will contribute to the achievement of all Millennium Development Goals, with a particular focus on child survival and reduction of malnutrition. With the UNDAF making a special priority of HIV/AIDS, it is expected that the programme will also contribute to that goal.

The present country programme also clearly relates to the goals of *A World Fit for Children* and will firmly support the follow-up proposed for Kyrgyzstan. The priorities of the UNICEF medium-term strategic plan are fully reflected in the programme's strategic design and focus.

28. The country's first and second reports to the Committee on the Rights of the Child were submitted in 2000 and 2003. There has been follow up on a number of the Committee's recommendations, including the establishment of an interministerial body to monitor child rights, known as *New Generation*, that is housed in the Office of the Prime Minister. The Government's second report on the Convention on Elimination of all Forms of Discrimination against Women, together with an alternate report prepared by a coalition of non-governmental organizations (NGOs), was reviewed by the Committee on the Elimination of Discrimination against Women in 2003. Kyrgyzstan participated in the General Assembly Special Session on Children and the Government has modified the National Action Plan for Children to conform with the directions of *A World Fit for Children*.

Programme components

Social policy reform and communication

29. Since the early 1990s, there has been a dramatic increase in poverty, large-scale internal migration from poor rural areas to the cities and a steady decline in social expenditure and access to quality basic services. The deteriorating economic and social status of many families has undermined their capacities to provide adequate care and security to their children. Social exclusion has increased greatly. The NPRS, in its separate section on child poverty, underlines the growing numbers of malnourished children, street and working children, abandoned and institutionalized children and the increasing number of young people using drugs and/or infected with HIV/AIDS.

30. As a result of this programme component, child rights will become a major priority on the political agenda at both central and local levels. At the policy level, a national strategy will be in place for social inclusion and reduction of child poverty. By 2008, a comprehensive family policy will be formulated and its pilot phase evaluated by 2010. In support of these initiatives, local governing bodies will apply the legislative and administrative social policy reforms, and effective mechanisms for financial decentralization will be in place.

31. Policies and strategies to protect children from violence, exploitation, abuse, neglect and discrimination will also be adopted and implemented. At both central and local levels, the protective environment for children will be strengthened through the development of capacities to assess, analyse and address issues of protection and social inclusion. A mechanism will be established at local and national levels to identify, register and address forms of child abuse, neglect and exploitation. The legislative and administrative framework for juvenile justice will be reformed in accordance with international standards.

32. In order to achieve these results, UNICEF will advocate for the implementation of the State Programme on Social Mobilization to reduce child poverty in four *oblasts* — Naryn, Talas, Jalalabad and Batken. These *oblasts* were selected because current data shows that they have the lowest levels of household income, as well as the poorest indicators of child survival and development.

UNICEF will participate in policy formulation and dialogue, promote policy change for child protection and social inclusion, and mobilize partners at national and local levels to implement strategies to reduce child and family poverty. A sustained and comprehensive advocacy campaign will be launched to make child rights a high priority on the political agenda, as well as a priority for public investment.

33. The programme will also support the development of indicators and the establishment of a monitoring mechanism for child poverty. Data collection, research and monitoring will create a solid base for policy analysis of the impact of poverty on children, which will be used for advocacy through the NPRS and for the formulation of a "child-friendly" budget. Participatory assessment and action planning tools will build capacities in the poorest communities and will help to include children and family concerns into social planning.

34. A strong information, education and communication strategy will be adopted jointly with governmental and non-governmental bodies to promote child rights and behavioural change. Technical assistance will be provided to build systems and mechanisms to address violence, abuse and exploitation of children. UNICEF will support local research bodies and academic institutions to assess and analyse protection issues.

35. As reflected in the UNDAF results matrices on poverty alleviation and social services and governance, this programme will be implemented in close cooperation with the United Nations Development Programme (UNDP), the United Nations Development Fund for Women (UNIFEM) and the World Bank. Among the bilateral donors, collaboration will be established with the German Agency for Technical Cooperation (GTZ), the United Kingdom Department for International Development (DfID), USAID, and the European Union. Regular resources will be used mainly for policy-related advocacy and communication for change. Other resources will be provide additional support to capacity-building at the community level to address child poverty and create a protective environment for children.

Access to social services

36. Current indicators show poor MCH and nutrition. The overall environment for the implementation of health reforms has weakened. Iron-deficiency anaemia and vitamin A deficiency are widespread. Very few pre-school children now have access to kindergarten. Alongside steps to promote integrated early childhood development (IECD) at the policy level, innovative ways are needed to create the necessary environment for IECD at the community and family levels. The quality of education, particularly in rural areas, has deteriorated, with many children not attending school. Studies have shown that the current level of knowledge of HIV among young people and its causes and how to protect against infection, is extremely low. Access to proper counselling and voluntary HIV testing is minimal.

37. Key results under this programme component will include the adoption of a national policy and standards for IECD. Nationwide, 50 per cent of pre-school-age children and their parents, especially from marginalized groups, will participate in integrated, community-driven health, nutrition and early learning activities. At least 50 per cent of pregnant women, mothers of young children and children under five years of age nationwide will have access to quality primary health care (PHC) services. Vitamin A deficiency among children and anaemia among women will be reduced by one third. Elimination of IDD will be achieved and sustained. The

community-based early childhood development (ECD) project supported by the Asian Development Bank will partially replace GAVI support in 2006 and the Government will achieve independence in the procurement of vaccines for the expanded programme on immunization in 2008.

38. Quality learning will be introduced into curricula for all school grades. All children in the four *oblasts* of Batken, Naryn, Talas and Jalalabad will have access to quality education. These provinces showed the worst results in basic learning competencies following the monitoring of learning achievement tests in 2001 and 2003.

39. Ninety per cent of adolescents and young people in the country will be equipped with the knowledge and skills to manage and minimize risky behaviours, focusing on prevention of HIV/AIDS. "Youth-friendly" services will be set up in four *oblasts* (Osh, Bishkek, Naryn and Batken), allowing access to quality and affordable services for the majority of adolescents and young people.

40. To address the deprivations of children's, young people's and women's rights, UNICEF will focus on both duty bearers and rights holders in the poorest communities throughout the country. Interventions will build capacities and increase knowledge of service providers and caregivers in the PHC system on IECD to improve access to the required services. In addition to building capacities at the primary levels of health care, UNICEF will address iodine, iron and vitamin A deficiencies at the national level by continuing support for salt iodization, food fortification and supplementation. Efforts will be made to establish a stronger enforcement system for salt iodization. Advocacy will continue at the highest levels of government for reduction of the high child mortality rate and greater attention to child survival.

41. Families and communities will be mobilized through participatory techniques both to demand better quality services and to take appropriate actions themselves to promote IECD and monitor progress in child development. Child protection interventions, including family support and counselling to prevent institutionalization of children and child labour, will be supported to ensure that a protective environment is in place for vulnerable families. UNICEF will also support training in participatory development and social mobilization, building on the earlier success in promoting community management of education. Local authorities and civil society organizations will undertake joint data collection and analysis and integrated planning, management and monitoring to ensure school enrolment and retention and prevent child labour. Special emphasis will be given to ensuring equal access to education for girls, especially in the south of the country where indications of gender discrimination are emerging. The curriculum for all school grades will be revised to incorporate the global education approach to "child-friendly", gender-sensitive learning.

42. UNICEF will support the introduction of life-skills-based education, focusing on prevention of HIV/AIDS and drug use, in formal and non-formal settings. UNICEF will also advocate for the incorporation of "youth-friendly" services into the health reform process and support the training of medical workers in "youth-friendly" approaches. Advocacy and social mobilization with civil society and policy makers will aim to reduce stigma and discrimination against especially vulnerable adolescents and young people, including those living with HIV/AIDS. In direct support of this effort, institutions and mechanisms will be established to

promote meaningful participation of adolescents and young people in decision-making processes affecting their lives.

43. As shown in the UNDAF results matrices on poverty alleviation and social services, governance and HIV/AIDS, this programme will be implemented in close cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, UNIFEM, the United Nations Office on Drugs and Crime (UNODC), the United Nations Volunteers (UNV), the World Bank and WHO. The Asian Development Bank will be a key partner in addressing ECD, micronutrient deficiencies and education. Among bilateral donors, collaboration will be established with DfID, and the European Union, the Swiss Agency for Development and Cooperation and USAID. GAVI, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and the Global Alliance for Improved Nutrition will be important partners. Regular resources will be used mainly for support to PHC, community-based IECD, community management of education and improving the quality of education. Other resources will support work on micronutrient deficiencies, HIV/AIDS and life-skills education, and for expanding the coverage of effective community-managed initiatives.

44. **Cross-sectoral costs** will cover recurrent costs such as operating expenses for communication, the salaries and travel of cross-sectoral staff, training and the provision of some office equipment.

Major partnerships

45. The success of the proposed country programme will require strong partnerships and synergy between UNICEF-supported strategies and interventions, and a range of other actors in development. Convergence with the programmes of other members of the United Nations system, particularly UNAIDS, UNDP, UNESCO, UNFPA, UNIFEM, UNODC, UNV, WHO and the international financial institutions, will be required to ensure that the overall outcomes of the country programme contribute to achieving the outcomes of the UNDAF. Work on HIV/AIDS will be coordinated through the United Nations theme group.

46. Partnerships with families, communities and local institutions will be promoted in order to strengthen their participation in and ownership of interventions. Partnerships with civil society groups, including women's and children's organizations and youth NGOs, will be strengthened and opportunities created for interactions between policy makers and civil society. Synergies with other donors will be explored, not only for resource mobilization but also to solicit their support for advancing children's rights. Support from the highest levels of government will continue to be promoted through partnerships with the President's and Prime Minister's Offices and a broad range of relevant ministries, including a new association with the Ministry of Local Government. Continued partnerships with the private sector, especially the salt manufacturing and milling industries, will be important to sustain and improve iodization and fortification.

Monitoring, evaluation and programme management

47. Major indicators for monitoring progress towards the achievement of the country programme's results will include, inter alia, the percentage of children receiving full and timely vaccinations, including new and underused antigens; the

percentage of children under six years of age attending community-based ECD services; the number of community-based services in support of families with children; the number of children in the target provinces attending quality schools; the number of villages implementing community management of education; and the percentage of young people aged 13-18 years, by age, sex and location, who correctly identify measures to prevent HIV infection.

48. An integrated monitoring and evaluation plan will incorporate the research, monitoring and evaluation activities of the country programme. There will be annual programme reviews and the mid-term review of the programme will be held at the beginning of 2008. Community monitoring systems, focus groups and participatory evaluations will be used, and the preliminary results of the multiple indicator cluster surveys will be available by 2005. Monitoring and evaluation outputs will also be used for advocacy with the Government to strengthen policies and programmes. The UNICEF contribution and progress under the UNDAF will be monitored using the UNDAF monitoring and evaluation plan, and UNICEF will support the evaluation of the UNDAF in 2009 in collaboration with other United Nations agencies, the Government and other national partners.

49. The partnerships with the Innocenti Research Centre's MONEE group and the National Statistics Office will be continued and strengthened. Together with the other United Nations agencies, UNICEF will assist the Office and other relevant government departments to use *DevInfo* for monitoring the Millennium Development Goals and child rights. Data will be disaggregated by gender and by particular vulnerable groups of children.

50. The Deputy Prime Minister for Social Affairs is responsible for coordination of the UNICEF country programme.

51. UNICEF in Kyrgyzstan will have the status of a full country office as of 1 January 2005, in line with the support budget approved by the Executive Board in 2003.